

INFORMATION ONLY



2018-2019 Public Health Emergency Preparedness Program (PHEP)- Performance Tracking

Demographics

Budget Period:	Budget Year:	Sub-awardee type:	Sub-awardee contacted:	Sub-awardee contact number:	Sub-awardee email contact:
SELECT	SELECT	SELECT	NAME	000-000-0000	EMAIL ADDRESS
Sub-awardee name:			Healthcare coalition:	PHEP Region:	
HEALTH DEPARTMENT/PHEP REGION/HCC NAME			SELECT	SELECT	

Scoring information and instructions:

Ratings are determined as follows: **0-** Non-Compliant, No Program or Process exists; **1-** Non-Compliant, Program or Process exists, but not attempted; **2-** Non-Compliant- Program or Process exists, but serious faults or gaps are present; **3-** Non-Compliant- Provisional, Program or Process exists with correctable gaps that hamper completion or was an oversight on the part of the Reviewed Partner; **4-** Compliant-Provisional, (also called a *minor Finding*) minor gaps that do not hamper completion of the Task; **5-** Compliant, Department is in compliance with the work plan requirement. **NOTE- 0-3 will require a Major Finding note in the Overall Review, 4 will require a Minor Finding note.**

All work plan and AOE information will be added to the tracker as it is reported to KDHE Preparedness. All dates are either dates of completion or are reporting dates. All meetings will need to be recorded as the date of the meeting. Deliverables need to be recorded as the date received. In the case of activities that have due dates but are part of the quarterly reporting, the completion date and the submission date will need to be recorded. Attendee information can be added to the remarks sections where applicable. This document is adjustable.

Enlargement of the various work plan blocks is encouraged.

Disclaimer:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Programmatic Progress Tracking

Source: quarterly work plan updates, work plan activity outputs

Item: ADMIN	Output: Work plan activity deliverable(s)	Due date: 00/00/0000	Reporting frequency: Quarterly
Work plan activity:			Score:
The sub-awardee will submit quarterly updated work plans and quarterly affidavits of expenditures/ FSRs no later than the 15th of the month following the end of the quarter to KDHE Preparedness. (<i>Administrative</i>)			0 of 20
Quarter 1 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 2 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 3 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			
Quarter 4 Date: 00/00/0000	Score: 0 of 5	Notes:	Review Date: 00/00/0000
Approved: SELECT			

INFORMATION ONLY

INFORMATION ONLY

Item: 1	Output: Attendee and/or date required for validation		Due date: 00/00/0000	Reporting frequency: Quarterly
Work plan activity: A local health department representative will attend in person, via conference call, or webinar healthcare coalition meetings at least quarterly. Designees are permitted provided they are a staff member of a local public health department. In the event a Designee is assigned, the Designee is required to attend the HCC Meeting in person. Participation will be validated through coalition meeting sign-in sheets provided to KDHE by the Healthcare Coalition Coordinators. (Capability 1: Community Preparedness) (FOA pg. 23)				Score: 0 of 20
Quarter 1 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 2 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 3 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 4 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			

Item: 2	Output: Attendee and/or date required for validation		Due date: 00/00/0000	Reporting frequency: As contracted
Work plan activity: A representative for each local health department will participate in quarterly preparedness regional public health department meetings in person, via conference call or webinar. (Capability 1: Community Preparedness)				Score: 0 of 5
Quarter 1 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 2 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 3 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 4 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			

Item: 3	Output: Attendee and/or date required for validation		Due date: 00/00/0000	Reporting frequency: As contracted
Work plan activity: A local health department representative will participate in a local ESF 8 or LEPC planning meetings at <u>least once per year</u> to work with health and medical partners in order to strengthen community preparedness and response activities to include Community Preparedness, Community Recovery, and Emergency Operations Coordination. (Capability 1: Community Preparedness) (points awarded for only one meeting) Note : Will provide a copy of the sign-in list for the meetings attended.				Score: 0 of 5
Quarter 1 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 2 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 3 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			
Quarter 4 Date: 00/00/0000	Score: 0	Notes:		Review Date: 00/00/0000
Approved: SELECT	of 5			

INFORMATION ONLY

INFORMATION ONLY

Item: 5	Output: Attendee and/or date required for validation	Due date: 3/30/2018	Reporting frequency: As contracted
Work plan activity: By March 30, 2019 a minimum of one Local Health Department staff member will participate in a KDHE webinar offering detailing proper use of social media in time of emergency. Dates TBA .			Score: 0 of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT
Remarks:			Activity status: SELECT

Item:	7	Output: SELECT	Due date: 6/30/2018	Reporting frequency: As contracted
Work plan activity: Local health departments will provide to KDHE Preparedness information pertaining to the Performance Measures, Benchmark Requirements and/or any other requested information as related to the <i>BPI Supplemental Hospital Preparedness Program-Public Health Emergency Preparedness Cooperative Agreement . (HPP-PM pg. 50-61 Joint Performance Measures)</i>				Score: 0 of 5
Submission date: 00/00/0000	Date screened: 00/00/0000	Date approved: 00/00/0000	Approved by: SELECT	Activity status: SELECT
Remarks:				

INFORMATION ONLY

Multiple validation sources/types required

Item:	Output:					Score
Note: All items are one (1) point except 7B which is one (1) point per completed quarter		Total points available for work plan item 7:				19
Local health departments will continue to:						
A.	Keep contact information on KS-HAN up to date. (<i>Capability 6: Information Sharing</i>)	A.	Date of last KS-HAN update.	00/00/0000		0
B.	Respond to KS-HAN Drills (<i>Capability 6: Information sharing</i>)	B.	Dates responded to drills.	Q1: 0 Q2: 0	Q3: 0 Q4: 0	0
C.	Assure 24/7 epidemiological contact information is kept current and is shared with KDHE. (<i>Capability 13: Public Health Surveillance & Epidemiological Investigation</i>)	C.	24/7 EPI Contact update to date with KDHE?:	SELECT		0
D.	Assure designated staff complete ICS 100, 200, 300, 400, 700 and 800b classes per ICS training requirements. (<i>Capability 1: Community Preparedness; Capability 3: Emergency Operations Coordination</i>)	D.	Is the ICS Training Complete?	SELECT		0
E.	Ensure that priority communication services are available in an emergency, including maintaining an always-on high-speed internet connection (<i>Capability 3: Emergency Operations Coordination</i>)	E.	Are priority communications services available?	SELECT		0
F.	Have available signed shared resource agreements. (<i>Capability 1: Community Preparedness</i>)	F.	Are signed resource agreements available?	SELECT		0
G.	Maintain a website where information can be posted and accessed by members of the public. (<i>Capability 4: Emergency Public Information & Communication; Cross-Cutting</i>)	G.	Public website or public Facebook maintained? URL:	SELECT		0
H.	Assure that annual fit testing for PPE (or PAPR annual training) for local health department staff is completed per KDHE guidance and in compliance with the revised OSHA respirator standard, 29 CFR 1910.134, adopted April 8, 1998. (<i>Capability 14: Responder Safety & Health</i>)	H.	Is the annual FIT testing completed? Date:	SELECT 00/00/0000		0
I.	Retain copies of expenditure reports, including invoices for each capital equipment purchase, for a period of at least five years. Capital equipment includes purchases of \$5,000 and above and/or with a lifespan of greater than a year. (<i>Administrative</i>)	I.	Are all reports and invoices available?	SELECT		0
J.	Retain copies or transcripts of all certificates/proof of attendance for trainings completed during the entire project period for at least 5 years. (<i>Administrative</i>)	J.	Are all certifications and or training records available?	SELECT		0
K.	Take or renew packaging and shipping certification class, available on KS-TRAIN, every two years [<i>Packaging and Shipping Division 6.2 Materials 2016, Course #1062513 & KHEL: Preparing Clinical Specimens Related to Chemical or Biological Exposure Using Evidence Control Measures</i> , Course #1050287. (<i>Capability 12: Public Health Laboratory Testing</i>)	K.	Are all staff who needed certified in packaging and shipping completed?	SELECT		0
L.	Maintain an inventory control system for tracking capital equipment and electronic devices. CRMCS can be used and the items marked as deployable or non-deployable. (<i>Administrative</i>)	L.	Is the inventory control system available and up-to-date? Date of last inventory:	SELECT 00/00/0000		0
M.	Document through job descriptions and employee time and attendance records that all staff members paid with preparedness funds are performing activities related to preparedness. (<i>Administrative</i>)	M.	Are all PDS/time/attendance records available? Date of PDS audit (if applicable):	SELECT 00/00/0000		0
N.	Annually review and submit any changes or updates to the Mass Dispensing SOG. If no updates are warranted, submit a "No Update" letter to KDHE. (<i>Capability 8: Medical Countermeasure Dispensing & 9: Medical Materiel Management and Distribution</i>)	N.	Is the Mass Dispensing SOG up-to-date or has the NO UPDATE Letter submitted? Date of letter:	SELECT 00/00/0000		0
O.	Annually review and submit any changes or updates to the Health Department COOP SOG. If no updates are warranted, submit a "No Update" letter to KDHE. (<i>Capability 2</i>)	O.	Is the COOP SOG up-to-date or has the NO UPDATE Letter submitted? Date of letter:	SELECT 00/00/0000		0
P.	Update Point of Dispensing (POD) location(s) and other relevant POD information into Countermeasure Response Administration (CRA) by March 30, 2019 . (<i>Capability 8: Medical Countermeasure Dispensing</i>)	P.	Are ALL POD locations, site information, and contact up-to-date? Date of last update:	SELECT 00/00/0000		0

Programmatic overall comments:

INFORMATION ONLY

Programmatic Scoring

Fiscal Accountability and Reporting Tracking

Fiscal overall comments:

INFORMATION ONLY

Fiscal Accountability Scoring

Scorecard Scoring

Scorecard Validation

Appeals Process

Appeal notes:

INFORMATION ONLY

INFORMATION ONLY

KDHE Preparedness Compliance Coordinator

Date of final validation: Programmatic audit completed by:

00/00/0000

Edward O. Bell, PCC

Overall Compliance rating:

SELECT

Signature

KDHE Preparedness Grants Management Coordinator

Date of final validation: Fiscal performance audit completed by:

00/00/0000

Joanna Lassley, PGMC

Concurrence:

SELECT

Signature

KDHE Preparedness Program Director

Date of final validation: Program validation by:

00/00/0000

Denise L. Kelly

Concurrence:

SELECT

Signature

Document retention statement:

Please retain this scorecard as part of the confirmation documentation that will be used to provide validation of the completion of this budget period's contracted work plan activities. This document, like all others generated as either compliance documents or as an outcome, will need to be retained by the sub-awardee for a period no less than five years, per the language of the contracted work plan.

Disclaimer statement:

This publication was supported by the Grant or Cooperative Agreement Number, NU90TP921936, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services

INFORMATION ONLY